

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO. **10/19571** FILING DATE
APPLICANT'S

CLAIMS					
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.					
TOTAL DEP.					
TOTAL CLAIMS					

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TOTAL NO.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS